

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/591590

FILING DATE

14 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3	6		/			
4	8		/			
5						
6	1		/			
7						
8	1		/			
9	6		/			
10	1		/			
11						
12	1		/			
13	8		/			
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48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	8		8			
TOTAL CLAIMS	11		11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						